DISCLOSURE SUMMARY PAGE  Reset Form  A STANCE AND	DR-2 DISCLOSURE
COMMITTEE NAME (Must be same as on Statement of Organization)	(Rev. 12/2005) REPORT
DEYMOUR FOR SENTE 2008 OCT 29 AM 9:	For Office Use Only Comm. #
IMPORTANT: Indicate by # type of committee you are reporting for:	Logged In
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political	Scanned
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue	Computer
CANDIDATE COMMITTEES ONLY:	Audited
1	
- DOMES H. DEYMOUR REPUBLICAN	
Office Sought  SENIE  District (if Senate or House)	
sto reporte are orbital to possible sicil and original possible. Discount to law Ondo control and an area	
ate reports are ≤ubject to possible civil and criminal penalties. Pursuant to lowa Code section 68B.32A(7) the and the chairperson, for any other jype of committee, is the individual responsible for filing timely and accurate r	candidate, for a candidate's committee, reports.
Taries a Semmon (7/2)647-2699	October 77, Zuos
	DATE SIGNED
AM FILING A OCTOBER 28, 2005 REPORT FOR (1) ELECTION /(2)NO	
	N-ELECTION YEAR.
(report date) Indicate by # [/]	
CHECK IF AMENDMENT TO REPORT DATED Local Co	ommittees, enter Date of Election
TOURON IL MARGADMENT TO KELOKI DATED	omminuoso, order Date of Cicopoli
County of Check if this is final (termination) report and attach Notice of Dissolution Form DR-3	& Local Committees, enter County in
County of Check if this is final (termination) report and attach Notice of Dissolution Form DR-3	& Local Committees, enter County in lection is held
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County of Check if this is final (termination) report and attach Notice of Dissolution Form DR-3	& Local Committees, enter County in lection is held
County (You must continue to file reports until a DR-3 is filed.)	& Local Committees, enter County in lection is held
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County of the reports until a DR-3 is filed.)  STATEMENT OF CASH ON HAND  ASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MIST he the same as the cash on bond of the report	lection is held
County of County	lection is held
County of this is final (termination) report and attach Notice of Dissolution Form DR-3.  (You must continue to file reports until a DR-3 is filed.)  STATEMENT OF CASH ON HAND  ASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)  ADD TOTAL MONEY TAKEN IN THIS PERIOD	15, 352, 41
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County of Which E  County of County	15, 352, 41 3 051.79
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For Instructi	ons, See	Back (	of Form
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## **CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

set Form	SCHEDULE	
set i orin	Α	М
	(Rev. 07/03)	F

**IONETARY** RECEIPTS

**CHECK THIS BOX IF** AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)	
BEYMOUR TOUSENAE	
DC11110UK TOV DCNINE	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

10 16 08	DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
10/17/08 CK# 1609 DES MOINES, TOWA 50309 - 500 DES MOINES, TOWA 50309 - 100 DES MOINES, TOWA 5000 - 100 DES MOINES, TOWA 5000 DES MOI	10/16/08	ck# 3076	JOY E. LOCUST ST' DES MOINES JOWA 50309	<u>.</u>	\$ 50000	
10/18/08   CK# 7492   C. ROWLES   CAPYOLI, TOWA 5 1401   - 100000   CK# 7492   CAPYOLI, TOWA 5 1401   - 100000   CK# 6627   CK# 5575 NW STE 445   - 500000   CK# 6627   CK# 672   TOWA RESTOUNDATI ASSOC, DET MICHAEL STE 47   200000   CK# 672   DET MICHAEL STE 47   200000   CK# 2059   CK# 7025 Hickmankel STE 5   - 25000   CK# 2059   CK# 2059   CK# 2059   CK# 2050   CK# 205	10/17/08	CK# 1609	Towa OSTEOPATHIC PAC	j	500 2	
10/22/08 CK# 6627 WASHINGTON D.C. ZUTUS  10/22/08 CK# 672 DET MICHAET ASSOCIATION TO THE CONTINUE STE 47 — 200 CD DET MICHAET FOUND TO TO THE CONTINUE STE 47 — 200 CD DET MICHAET FOUND TO TO THE CONTINUE STE 5 TO THE CONTINUE STE 5 TO THE CONTINUE STE 100 DET MICHAET STE 100 DE	10/18/08	ск# 7492	C. ROWLES CATTULL, TOWA 51401	_	1000	
10/22/08   CK# 672   Town RESTAUNANT ASSOCIATION   10/27/08   CK# 672   Town Providers PAC   70 25 Africkmanka STE 5   7	10/22/08	CK# 6627	KOCH - PAC 655 15TH ST NW STE 445 WASHINGTON D.C. ZGOVS	-	500	
10/27/08 CK# 2059 LOWA PROVICENS (AC 70 25 AFICKMANIAN STE 5 70 25 AFICKMANIAN STE 5 70 25 AFICKMANIAN STE 5 70 25 AFICKMANIAN STE 50322 10/27/08 CK# 2262 TOWA DENSIAL ASSOC (AC 5530 W. PANK WAY STE 100 7, DOOO 1, TOWA 50131 10# 10# 10# 10# 10# 10# 10# 10# 10# 10	10/22/08	CK# 672	Town RSCTOWGETT ASSOC	47 _	200 00	
10/27/08 CK# 2262 TOWN DENTY STE 100  JUN 10/24/08 CK# BANK OF THE WEST  STATEMENT INFLOSIVE 1.79  ID#  ID#  ID#	10/27/08	CK#7059	TOWA PROVICERS (AC 70 25 HICKMANKA SIE 5 UNBANDALE, IOWA 50322	_	250 4	
10/24/08 CK# PANK OF THE WEST STATEMENT INFLORE 1.79	10/27/08	CK# 2267	JOHN DENTIL ASSOT AC 5530 W. PARKURY STE 100 JOHNSTON, JOWA 50131	-	1,00000	
CK#	10/24/08	CK#			1.79	
		CK#				
SUB-TOTAL						

TOTAL (if last page of this schedule)

<sup>\*</sup> Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

## **EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTE	E NAME (Must be s	same as on Statement of Organization)		
	<del></del>	UR-TON SENATE		
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10-23-08 <del>12-12</del>	ID# CK# /2/2	Verizon Wireless	CELLULAN PhoNE	\$ 80,73
10/24/08	CK#/2/3	Republican Porty of Jaw 521 970 St DES Moines Iowa 50309	A Pulitical Consideration	5,00000
	CK#			
	ID# CK#			
			SUB-TOTAL  TOTAL (if last page of this schedule)	\$ \$5080.73
TUIC DOV AD	DUES TO SAMPLE	ATES! COMMITTEES ONLY.		7 0 0 1/2

THIS BOX APPLIE	S TO CA	NDIDATES' C	OMMITTEES	ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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Page	 	of !	

Y				
FOR INSTRUCTIO	ONS, SEE BACK OF FORM		SCHEDUL D	E INCURRED
COMMITTEE N	AME (Must be same as on Statement of Organization)			98) INDEBTEDNESS
	SEYMOUL FUY SENAYE		_	HECK THIS BOX
NOTE: Debts p	reviously reported that remain unpaid must be included on this le, as well as any new obligations incurred in this period.	Reset Form		ORM
	IGATIONS REMAINING THIS REPORTING PERIOD CLUDE LOANS SHOW LOANS ON SCHEDULE F		goods or s received, I end of the	ed debt" is a debt for services ordered or but not paid for by the reporting period., s of whether an invoice received.
DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS SERVICES PROVIDED C PURCHASED		BALANCE OWED AT CLOSE OF REPORTING PERIOD*
	JAMES A SEYMOUL	CONSTITUENCY	at i	\$
10-27-08	JAMES A. SEYMOU! 901 White St. Wordsine Jowa 51579	CONSTITUENCY Comprign Mile	MAE	137.50
	Wordsing, Jown 51579	275 miles @.	50¢	
10-14-48		275MILES Q. CONSTITUENCY & CAMPAGON MIL	EA9E	625.05
, , ,		13890,45	-¢	62.
		SUE	-TOTAL	\$

\*If actual figure is unknown, show "estimated" beside the figure.

Page \_\_\_\_\_ of \_\_\_\_

CANDIDATE COMMITTEES NOTE:

"Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD

COMMITTEE NA	ME (Must be same as on second)	Reatement of Organ	nization)		ES OR TRANSFERS OF CAMPAIC	SN PROPERTY **	EACH I CHANG	CAME	MAKING QUIRED. BOX IF
Date Purchased (Schedule B) or Date Received (Schedule E) (MM/DD/YR)	Description of Property	Purchase Price or Est. Value When Acquired*	Current Value at Fair Market This Report	Date (MM/DD/YR)	Name and Address of Purchaser/Dones	e Description of Property	Sold?	Sale Price	Value of Donation
MAY 5 ZUO8	DESKTUP PC Printer	\$ 1,128,X	78432						
						1			
AL VALUE CAMP		 REPORT 84(	0.30 Es	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	TY SALES & TRANSFERS TOTAL ER TO SUMMARY PAGE) \$ tach Additional Schedules if Needed)	TOT	TALS \$		\$ Pag